

**REQUEST FOR VOLUNTARY EARLY RELEASE  
FROM ARMY AGR TOUR**

THRU:

Commander, \_\_\_\_\_

Commander, \_\_\_\_\_

TO: CAJS-HR-AGR, P.O. BOX 269101, Sacramento, CA 95826-9101

1. I (insert name, rank, SSN) hereby request early release from my AGR tour for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Request effective date of \_\_\_\_\_. (Minimum 60 days from the date the request is received is the AGR office).

3. I request \_\_\_\_ days transition leave beginning \_\_\_\_\_ and ending \_\_\_\_\_. (Attach the DA Form 31 with blocks 1-20 completed). I understand no changes may be made to the approved transition leave dates once approved.

4. I certify that I have been paid \_\_\_\_\_ days accrued leave since 10 Feb 76.  
#/initial

5. I fully understand the following:

a. I will not be released from active duty or authorized to depart my duty station until final approval from CAJS-CS. I will be carried AWOL if I depart my duty station prior to approval of my release date.

b. I am required to turn in my active duty ID card and my dependents active duty cards upon my approved separation date and receipt of my retired ID card,

c. Out-processing is done by mail ONLY.

d. If I desire a separation physical, it is my responsibility to schedule one prior to my

separation date. I understand any medical treatment required after separation may be provided by the Veterans Administration Hospital.

6. I understand that I will not receive any pay during the final 30 days before my release date. The final check will reflect all income due to me – less money I owe the government. I understand my final check and DD Form 214 will be mailed to me within 30 days of my separation date.

7. I understand I will be ineligible to reenter the AGR Program for 1 year from date of separation.

8. I request a PCS move to my HOR of \_\_\_\_\_.  
(Enter HOR established at original entry into AGR program. PCS may be authorized if AGR member received a PCS during AGR status.)

9. I do/do not have an outstanding Army/Navy Emergency Relief (AER/NER) loan.

10. I understand this resignation is from AGR status only. I will be reassigned to the following MTOE position: (Enlisted – attach CAL ARNG Form 680-2-6, Officer/Warrant Officer attach request for reassignment)

UNIT NAME \_\_\_\_\_ UIC \_\_\_\_\_

DMOS \_\_\_\_\_ PARA/LINE \_\_\_\_\_ TITLE \_\_\_\_\_

11. The following address will be valid for 12 months from my separation date. Request my DD Form 214 and W2 Form be mailed to me at: \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed name/Rank)

\_\_\_\_\_  
(SSN)

\_\_\_\_\_  
(Unit)